## **Blood Lead Screening and Healthy Homes Summary**

Screen all children between the ages of 6 and 72 months at each well-child visit using the Risk Assessment and Healthy Homes Questionnaire below.

Risk Assessment and Healthy Homes Questionnaire — \*Consider the child high risk with a "yes" or "don't know" answer to questions 1–7.

Questions 8–11 pertain to Healthy Housing issues and will help determine if there are hazards inside the child's home that may affect his/her health.

Ch	ld's Name Date of Birth	Date																			
		Yes	No																		
1.	Does your child live in or visit a home, daycare, or other building built before 1950?																				
2.	Does your child spend at least six hours a week at a home, daycare, or other building built before 1978 with recent, ongoing or planned remodeling?																				
3.	Does your child have a family member or friend who has or did have an elevated blood lead level?																				
4.	Does your child frequently come in contact with an adult who works with lead? Examples: construction, welding, painting, radiator repair, metal reycling.																				
5.	Have you seen your child mouthing or touching painted surfaces (i.e. window sills, door frames), keys, electrical cords, jewelry, vinyl (plastic) mini-blinds or bare soil outside near the home?																				
6.	Do you give your child any home or folk remedies which may contain lead?																				1
	Examples: Greta or Azarcon (Hispanic), pay-loo-ah (SE Asia), and ayurvedic medicines (India)?																				
7.	Does your child drink well water?																				
8.	Does your home have a smoke alarm?																				П
9.	Does your home have a carbon monoxide detector?																				П
10.	Are there signs of water leakage in your home (mold and mildew)?																				П
11.	Has your child been diagnosed with asthma by a primary care provider?																				

## **Blood Lead Levels**

	Date and Signature	Level		Dates and Initial				Comments			
Initial specimen drawn Specify cap. or venous			Lead Education								
Confirmatory venous Specimen drawn			Nutritional Counseling								
Repeat venous Specimen drawn			Lead Hazard Prevention								
Repeat venous Specimen drawn			Nursing/Social work Home Visit								
Repeat venous Specimen drawn			Referral to Environmentalist								
Repeat venous Specimen drawn			Environmental Inspection								
Repeat venous Specimen drawn			Referral for Clinical Management								
Repeat venous Specimen drawn			Referral for Developmental Assessment								